

2021

MEDICAID – MEDICARE DESK REFERENCE

Compliments of

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Medicaid Numbers

Divestment Penalty Divisor	\$213.71 - Per Day
Income Cap	\$2,382.00
Individual Resource Allowance	\$2,000.00
Monthly Personal Needs Allowance	\$60.00
Minimum Community Spouse Resource Allowance	\$26,076.00
Maximum Community Spouse Resource Allowance	\$130,380.00
Resource Allowance for a Couple (Husband & Wife both reside in facility)	\$3,000.00
Monthly Maintenance Needs Allowance	\$3,259.50
Maximum Homestead Equity	\$603,000.00

Medicare & Social Security Numbers

Medicare Part B Premium	\$148.50 – Per Day
Skilled Nursing Facility Co-Payment, days 21-100	\$185.50
Hospital Stay(Part A) Deductible	\$1,484.00
Hospital Co-Pay, days 61-90	\$371.00 – Per Day
Hospital Co-Pay, days 91-150 (Beyond 150 days, patient pays actual hospital costs)	\$742.00 – Per Day
Part B (Medical) Annual Deductible (You Pay 20% of the Medicare approved amount for services after you meet the \$203.00 deductible)	\$203.00